



**Suffolk County Department of Social Services
FCSA Child Care Bureau**

CLIENT RESPONSIBILITY NOTICE

This notice must be read. The client must sign, date, and return the original signed notice to SCDSS. Keep a copy for your record.

A requirement for day care services is that you notify your worker **IMMEDIATELY** of any of the following:

1. Change of address and/or phone number
2. Change in employment status:
 - a. change in hours or days worked
 - b. change in salary
 - c. change in job
 - d. loss of job
 - e. unemployment and/or disability benefits received
3. Change in household composition.
4. Change of day care provider.
5. Change in status of child support
 - a. receipt of child support
 - b. increase in the amount of support received
 - c. support payments stopped

I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS.

Print Client Name

Date

Client Signature

Case # (if applicable)